

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90242 029 ***150.00

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04262006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000145321					
1. Entry Name THOMAS W. QUESNEL, INC.					
Principal Place of Business 1060 DOUGLAS ST SE PALM BAY, FL 32909		Mailing Address 1060 DOUGLAS ST SE PALM BAY, FL 32909			
2. Principal Place of Business 1060 Douglas St. SE Suite, Apt. #, etc.		3. Mailing Address 1060 Douglas St. SE Suite, Apt. #, etc.		4. FEI Number 20-3699232	
City & State Palm Bay FL		City & State Palm Bay FL		Applied For Not Applicable	
Zip 32909		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUESNEL, THOMAS W. 1060 DOUGLAS ST SE PALM BAY, FL 32909			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESNEL, THOMAS W.		NAME	Quesnel, Thomas W.	
STREET ADDRESS	1060 DOUGLAS ST SE		STREET ADDRESS	1060 Douglas St. SE	
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP	Palm Bay, Florida 32909	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESNEL, BERNICE		NAME	Quesnel, Bernice	
STREET ADDRESS	1060 DOUGLAS ST SE		STREET ADDRESS	1060 Douglas St. SE	
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP	Palm Bay, Florida 32909	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Thomas W. Quesnel, Director		04/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		321-951-0665	
				Daytime Phone #	